



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : George E. Wright  
Serial No. : 10/767,019  
Filed : January 29, 2004  
Title : NOVEL ANTIHERPES DRUG COMBINATIONS

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

INFORMATION DISCLOSURE STATEMENT

Applicant submits the references listed on the attached form PTO-1449.

This statement is being filed before the receipt of a first Office action on the merits.

Please apply any charges or credits to Deposit Account No. 06-1050.

Respectfully submitted,

Date: April 29, 2004

  
J. Peter Fasse  
Reg. No. 32,983

Fish & Richardson P.C.  
225 Franklin Street  
Boston, MA 02110-2804  
Telephone: (617) 542-5070  
Facsimile: (617) 542-8906

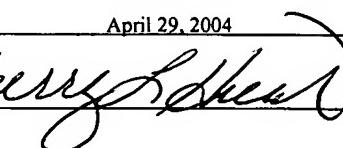
20853074.doc

CERTIFICATE OF MAILING BY FIRST CLASS MAIL

I hereby certify under 37 CFR §1.8(a) that this correspondence is being deposited with the United States Postal Service as first class mail with sufficient postage on the date indicated below and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

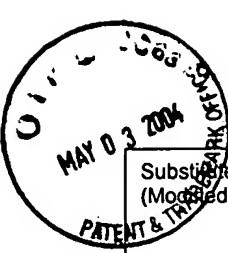
April 29, 2004

Date of Deposit

  
Signature

Sherry L. Hunt

Typed or Printed Name of Person Signing Certificate

Substitute Form PTO-1449  
(Modified)U.S. Department of Commerce  
Patent and Trademark OfficeAttorney's Docket No.  
07917-183001Application No.  
10/767,019
**Information Disclosure Statement  
by Applicant**  
 (Use several sheets if necessary)

(37 CFR §1.98(b))

Applicant  
George E. WrightFiling Date  
January 29, 2004

Group Art Unit

**U.S. Patent Documents**

Examiner Initial	Desig. ID	Document Number	Publication Date	Patentee	Class	Subclass	Filing Date If Appropriate
	AA	6,015,573	01/18/00	Hostetler			
	AB						
	AC						
	AD						
	AE						
	AF						
	AG						
	AH						
	AI						
	AJ						
	AK						

**Foreign Patent Documents or Published Foreign Patent Applications**

Examiner Initial	Desig. ID	Document Number	Publication Date	Country or Patent Office	Class	Subclass	Translation	
							Yes	No
	AL							
	AM							
	AN							
	AO							
	AP							

**Other Documents (include Author, Title, Date, and Place of Publication)**

Examiner Initial	Desig. ID	Document
	AQ	
	AR	
	AS	
	AT	

Examiner Signature	Date Considered
EXAMINER: Initials citation considered. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.	